Periscope

ARCHIV FUER PSYCHIATRIE UND NERVENKRANKHEITEN

(Vol. 39, 1904, Part 1.)

1. Clinical Contributions to the Question of Melancholia. O. Kölpin.
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5. Contribution to Syphilis of the Brain and the Hypophysis, and to the Differential Diagnosis Between Tuberculosis and Syphilis of the Central Nervous System. Kufs.
6. On the Influence of Anemia upon the Irritability of the White Substance of the Central Nervous System. U. Scheven.
7. Two Cases of Dementia Paralytica with Brain Syphilis. Rentsch.
8. The Myelinization of the So-called Zone of Common Sensibility and the Olfactory and Optic Radiations of Man. Hösel.
9. History and Critique of the So-called Psychic Compulsive States. Warda Wolfgang.
10. Autointoxication Psychoses. E. Meyer.
11. The Condition of the Spinal Cord in Argyll-Robertson Pupil. M. Reichardt.

1. *Melancholia.*—Kölpin discusses the question of melancholia on the basis of eighteen carefully described cases of various forms of depression with special reference to Kraepelin's views. The author lays special stress upon the carefully observed clinical course of his cases, and considers this of more importance than his theoretical discussion. He is in general inclined to take issue with Kraepelin's standpoint, although he recognizes the service which he has rendered in calling attention to the close association between certain melancholic and maniacal states. The matter is discussed on theoretical grounds at considerable length, with the general conclusion that the maniacal conditions may be very considerably differentiated provided sufficiently painstaking observations of the clinical course of the disease are made.

2. *Surgery in Neuroses and Psychoses.*—Hermkes discusses the indications for surgical interference in persons suffering from neuroses and psychoses, taking the conservative ground that surgical interference is only justified in those cases in which a definite indication is apparent. Special care must be taken in determining the objective grounds for operation, and the most painstaking attention must be given to the psychic condition of the patient. In general, only such cases should be operated upon which, did a psychosis not exist, would demand interference, and even in such cases it is well to defer the operation, if possible, until the psychosis disappears.

3. *Endogenous Spinal Cord Fibers.*—Bing makes a careful study of endogenous fibers in the human spinal cord on the basis of a case of acute poliomyelitis of unusual severity in a child of four months. The autopsy showed a hematogenous myelitis in the distribution of the anterior spinal arteries, with parallelism between the parenchymatous and interstitial alterations. Since the lesions were essentially confined to the gray substance, extending in the lumbar region into the posterior horns, and death resulted at such a time that use could be made of the Marchi method, the case was

peculiarly adapted to the study of the endogenous fibers. Some of the conclusions reached are as follows: The direct cerebellar tract begins in the region of the transition from the second to the third lumbar segment; Gowers' tract appears to begin one segment below the beginning of the cerebellar tract; endogenous tracts are found in the area of the crossed and uncrossed pyramidal tracts; the endogenous ground bundle fibers of the ventral and lateral tracts are ascending in their course; the endogenous dorsal tract fibers are for the most part descending in their course.

4. *Angiospastic Gangrene.*—Strauss concludes from his study of angiospastic gangrene, usually known as Raynaud's disease, that it is a form of so-called spontaneous gangrene due to spasm of vessels, that, inasmuch as it often appears on the one side, often both sides, but rarely sharply symmetrical, the term symmetrical gangrene is unfortunate. It is, therefore, suggested that the term angiospastic gangrene be substituted, which also avoids confusion with other forms of spontaneous gangrene. The gangrene itself is essentially the final consequence of a lack of tissue nutrition following spastic ischemia or spastic cyanosis, except that in the latter case autointoxication occurs as a favoring cause of the gangrene. There is, therefore, no ground to regard Raynaud's disease as a trophoneurosis. It is rather a pure angioneurosis occurring at times as an independent disease, and at times on the basis of other diseases of the nervous system.

5. *Syphilis of Brain.*—Kufs reports in detail a case of syphilis of the cerebral convexity combined with gumma of the hypophysis and gummata in a cirrhotic liver. The object in publishing the case is to draw attention to certain peculiar pathological findings with the histological investigation of the diseased organs, which the author regards as offering noteworthy results, particularly in relation to differential diagnosis between tuberculosis and syphilis. The clinical history of a woman of 47 is given in detail, followed by an exhaustive discussion of the pathological findings. The frequent difficulty between the diagnosis of these two conditions is discussed at some length with reference to the literature. The article is an example of the exhaustive work over a single case characteristic of the German mind.

6. *Anemia and Cerebral Irritability.*—As a result of experimental work Scheven comes to the conclusion that the assumption is justified that the white matter loses its irritability for the induced current in the same way as the gray in conditions of anemia, but that the final word is by no means given in the question through the foregoing statement.

7. *Dementia Paralytica and Syphilis.*—Two cases are reported of dementia paralytica combined with brain syphilis. In the first case there was disease of the basal arteries confined to a part of the vertebral artery, the basilar and the two anterior cerebrals, a typical arteritis gummosa. In conjunction with these lesions there was a typical diffuse degenerative alteration in the brain cortex, to be regarded as a pure primary disease of the type of paralytic dementia. In the second case a gummatous tumor was found at the base of the brain, and in this case also the hemispheres showed the typical lesions of dementia paralytica. The interest of these cases lies in the definite association of primary degenerative lesions and typical syphilitic processes, the pseudo-paralysis syphilitica of Jolly.

8. *Myelinization of Tracts.*—Hösel's study is purely anatomical in character, and is of such a detailed nature that it does not lend itself to a brief abstract. The paper is of value to those who are studying fiber tracts of the brain, and is confirmatory of observations made by others.

9. *Compulsive States.*—This article is continued in the next number of the *Archiv.* Its abstract is, therefore, deferred.

10. *Autointoxication Psychoses.*—On the basis of several cases Meyer discusses the justification of the assumption of autointoxication in the production of symptoms. He concludes that it is not possible on the clinical side to speak of specific autointoxications so far as the mental

disturbances are concerned, although one may reach a juster conclusion by consideration of the physical symptoms as well. Furthermore, Meyer is of the definite opinion that the anatomical alterations observed in these cases do not admit of the assumption of a specific cause. In his cases of psychosis with autointoxication the anatomical changes were strikingly like those first described by Bonhoeffer in delirium tremens. Nothing more is to be said than that there is a general anatomical expression of the autointoxication to be observed post-mortem.

11. *Spinal Cord and Argyll-Robertson Pupil.*—Reichardt, in discussing the relation of the spinal cord to the Argyll-Robertson pupil, sets himself the following questions: Is there a characteristic degeneration in the upper cervical cord in cases of tabetic and paralytic immobility of the pupil? Under what circumstances may the spinal cord appear normal in cases of immobile pupil? Under what circumstances may this pupillary phenomenon appear in other diseases of the spinal cord? As a result of his very careful anatomical and historical discussion of the subject, he concludes that the cause of the immobility of the pupil is not to be sought in the ciliary ganglion, but that the assumption must be made that the peripheral reflex arc remains intact and that a higher arc suffers degeneration in the causation of the failure of the pupil to respond to light. He does not, however, deny that certain cells of the ciliary ganglion may be degenerative in consequence of the condition which brings about the Argyll-Robertson pupil.

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NEUROLOGISCHES CENTRALBLATT

(Vol. 23, 1904, No. 15, August 1,)

1. Concerning Magneto-Electric and Sinusoidal Currents from an Electro-Diagnostic Standpoint. M. Bernhardt.
2. Familiar Symmetrical Monodactylia. E. Schultze.
3. Korsakoff's Symptom Complex after Brain Injury. E. Meyer.
4. What Is the Condition of the Pupil in Typical Pupillary Rigidity? L. Bach.

1. *Sinusoidal Currents.*—Continued Article.

2 *Monodactylia.*—Schultze records a remarkable case of a boy of nineteen who had only one finger on each hand and one toe on each foot. These were symmetrical. The other portions of the body were normal. The X-ray photographs show that there are only seven bones in the wrist and only three metacarpal bones in the left foot and two in the right. One sister, his mother and his mother's father have similar conditions.

3. *Korsakoff's Syndrome.*—Meyer records a case of injury to the head which was followed by the typical symptoms of Korsakoff's psychosis.

4. *Pupillary Rigidity.*—By ordinary pupillary rigidity is meant loss of light reaction and not of convergence, although this interpretation is placed upon it by some authors. Bach examined the condition of the pupils in a large number of cases of pupillary rigidity and found the pupils narrower than normal. Convergence reaction is normal, except perhaps that the pupils contract slower than usually. At times the condition of ordinary pupillary rigidity may pass into one of absolute rigidity, in which the pupils are wider than normal and do not respond to convergence or light. The latter condition may occur first and pass into the former, but the conditions may appear independently. In ordinary pupillary rigidity Bach, according to his and Meyer's experiments, places the lesion either in their inhibitory centers in the medulla oblongata or in the uppermost part of the spinal cord; and in the condition of absolute rigidity he places the lesion, first, peripherally, and secondly, either in the ciliary ganglion or in the oculomotor nucleus.

(Vol. 23, 1904, No. 16, August 16.)

1. Remarks upon Alterations in the Cerebellum in Tabes Dorsalis.—C. Weigert.